

MT  
SIDNEY RAY  
 Name, Prisoner ID#

SSN: 445-74-7112

500 South DENVER  
 Address

Tulsa, Oklahoma 74103

**FILED**

JUL 29 1999

Phil Lombardi, Clerk  
 U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
 FOR THE NORTHERN DISTRICT OF OKLAHOMA

SIDNEY LEON RAY, Plaintiff(s)  
 (Full Name)

**99CV0620K (E)**

v.

Case No. \_\_\_\_\_  
 (To be supplied by the Clerk)

Tulsa County (MEDICAL), Defendant(s)

**CIVIL RIGHTS COMPLAINT**  
 PURSUANT TO 42 U.S.C. §1983

AND/OR Sheriff Inmate Medical Staff  
Prison Health Services Company

**A. JURISDICTION**

1) SIDNEY LEON RAY, is a citizen of OKLAHOMA  
 (Plaintiff) (State)

who presently resides at 500 South DENVER (Tulsa OKLA) (AD.C)  
 (mailing address or place of confinement)

2) Defendant Tulsa County (P.H.S.C. MEDICAL) Inmate Medical Staff is a citizen of  
 (Name of first defendant)  
Tulsa Oklahoma, and is employed  
 (City, State)  
 as Tulsa County (P.H.S.C. MEDICAL) Inmate Medical Staff  
 (Position and title, if any)

At the time the claim alleged in this complaint arose, was this defendant acting under the color of state law? Yes ☒ No ☐

If your answer is "Yes", briefly explain:

Medical Staff (negligent) (refusing medical treatment) P, H, S, C

3) Defendant MEDICAL STAFF - P, H, S, C is a citizen of Tulsa, Oklahoma (City, State), and is employed

as MEDICAL STAFF - P, H, S, C (Position and title, if any)

At the time the claim(s) alleged in this complaint arose, was this defendant acting under the color of state law? Yes ☒ No ☐.

If your answer is "Yes", briefly explain:

Working AS A Medical official for Tulsa County - P, H, S, C

[You may attach one additional page (8½" x 11") to furnish the above information for additional defendants.]

## B. JURISDICTION

1) Jurisdiction is asserted pursuant to: (Check one)

☒ 42 U.S.C. §1983 (applies to state prisoners)

☐ *Bivens v Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. §1331 (applies to fed. prisoners)

2) Jurisdiction also invoked pursuant to 28 U.S.C. §1343(a)(3). (If you wish to assert jurisdiction under different or additional statutes, you may list them below.)

Tulsa County

## C. NATURE OF CASE

1) Briefly state the background of your case.

P, H, S, C  
MEDICAL (Tulsa County Jail System) REFUSED to Administer Medical Attention to A Damaged Right Leg, in which I tripped over a  
boat in the floor which pushed the rod in my leg upward in my leg  
CAUSING SEVERE pain and swelling in my knee, in which I haven't  
been able to bend my knee since. Refused to treat right  
leg, July 24, 1999). Also CAUSED swelling in lower leg  
AND haven't been able to walk properly since.

Boat (meaning steel stubb or screw extruding from floor.)

D.

## CAUSE OF ACTION

- 1) I allege that the following of my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: *[If necessary, you may attach up to two additional pages (8 1/2" x 11") to explain any allegation or to list additional supporting facts.]*

a (1) Count I: REFUSED TO TREAT DAMAGED RIGHT  
LEG, CAUSED BY TRIPPING OVER BOAT IN THE FLOOR.

- (2) Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

MEDICAL STAFF (Tulsa County) - P, H, S, C  
EXHIBIT AND REQUEST AVAILABLE

b (1) Count II: ~~REFUSED TO TREAT~~ NEGLIGENCE

- (2) Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

AVAILABLE

c (1) Count III: DAMAGES

- (2) Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

PUNITATIVE, CONSEQUENTIAL

**E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF**

- 1) Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to the conditions of your imprisonment? Yes ☐ No ☒

If your answer is "Yes", describe each lawsuit. [If there is more than one lawsuit, describe this each additional lawsuit using the same format on a blank sheet of paper which you should label "E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF."]

- a) Parties to previous lawsuit:

Plaintiffs: \_\_\_\_\_  
Defendants: \_\_\_\_\_

- b) Name and Location of Court and docket number \_\_\_\_\_

- c) Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

- d) Issues raised \_\_\_\_\_

- e) Approximate date of filing lawsuit \_\_\_\_\_

- f) Approximate date of disposition \_\_\_\_\_

- 2) I have previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part D. Yes ☒ No ☐.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought.

Grievances, Medical Request Slips  
P, H, S, C

- 3) I have exhausted available administrative remedies Yes ☒ No ☐.

If your answer is "Yes" briefly explain the steps taken. Attach proof of exhaustion. If your answer is "No" briefly explain why administrative remedies were not exhausted.

TRIED to TALK to STAFF Constantly but steadily  
REFUSED (P, H, S, C) Turned in SEVERAL Prisoner HEALTH  
SERVICE Request, but no Response.

**F. PREVIOUSLY DISMISSED ACTIONS OR APPEALS**

- 1) If you are proceeding under 28 U.S.C. §1915, please list each civil action or appeal you have brought in a court of the United States, while you were incarcerated or detained in any facility, that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Please describe each civil action or appeal. [If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a blank sheet of paper which you should label "F. PREVIOUSLY DISMISSED ACTIONS OR APPEALS."]
- a) Parties to previous lawsuit:  
 Plaintiffs: \_\_\_\_\_  
 Defendants: \_\_\_\_\_
- b) Name and Location of Court and docket number \_\_\_\_\_
- c) Grounds for dismissal: [ ] frivolous [ ] malicious [ ] failure to state a claim upon which relief may be granted.
- d) Approximate date of filing lawsuit \_\_\_\_\_
- e) Approximate date of disposition \_\_\_\_\_
- 2) Are you in imminent danger of serious physical injury? ☒ Yes ☐ No. If your answer is "Yes" please describe the facts in detail below without citing legal authority or argument. If I trip and fall again with my leg may cause a misalignment in my leg. I might have to resort to a wheelchair, or my leg being or foot being amputated.

**G. REQUEST FOR RELIEF**

- 1) I believe that I am entitled to the following relief: Total Disability AND Compensation for pain AND Suffering DO to (Physical, mental stress) AND Damages

\_\_\_\_\_  
 Original Signature of Attorney (if any)

PRO - SEC

Sidney Leon Ray  
 Original Signature of Petitioner

\_\_\_\_\_  
 Attorney's full address and  
 telephone number

**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares (or certifies, verifies, or states) under penalty of perjury that he is the plaintiff in the above action, that he has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. §1746. 18 U.S.C. §1621.

Executed at ADC - Tulsa County on July 11 1999.  
(Location) (Date)

Sidney Leon Ray  
(Original Signature of Prisoner)